



ZONING VERIFICATION LETTER

Planning and Zoning

urrent Business Name and Address of Subject Property:			
Pleas	e provide inf	ormation of the person the letter should be sent to.	
Name) :		
Addre	ess:		
Phone	e number:		
E-ma	il Address:		
	•	ormation of the person that the letter will be addressed to.	
Name			
Addre	ess:		
Phone	e number:		
E-ma	il Address:		

Please mail all request to: City of Longview Planning and Zoning P.O. Box 1952 Longview, Texas 75606

For office use only			
APPLICATION FEE:	\$27.00		
CASH/CHECK:			
DATE FILED:			
ENTERED BY:			